



Title: **How to: MSA Billing**

Session: **M-3-1000**



Objectives

- MSA Billing determined by Patient Category
 - Family Member Hospitalization (FMR)
 - Interagency Billing (IAB)
 - Foreign Military & Family Members
 - Civilian Emergency
 - Elective Cosmetic Surgery
 - DoD Civilians & Contractors
 - Reservists



Family Member Rate

- There is a daily charge for all Active Duty Family members not enrolled in TRICARE Prime and all family members of retirees
- New Born of Active Duty charges should be written off
- This daily charge is used to cover the cost of the contracted services associated with an inpatient hospital stay
- The patient is charged for the day of admission but not the day of discharge. If a patient is admitted and discharged the same day, there is a charge



Other Health Insurance

- When a patient has other health insurance, we are able to bill their insurance for their hospitalization
- Once the insurance has been verified, the insurance company will need to be notified of the patient's admission
- Follow the insurance rules for their utilization review to ensure the maximum amount of claim payment
- Notification may be done by the Third Party Department or Utilization Review Nurse



Inter-Agency Billing

- Coast Guard, Public Health, and NOAA (IAB Report)
 - IAB billing is done monthly. We are not funded to treat these patients; it is important that we capture every billable visit, which includes all ancillaries and all prescriptions that have a rate attached
 - Follow Service-specified guidelines when processing this report
 - Don't forget that patients' OHI may also be Coast Guard, NOAA, or Public Health. Bill on the IAB after payment is received by OHI



Medicare & Medicaid Billing

- Medicare
 - We can bill the non-eligible for their visit to the MTF when they have Medicare. Follow Medicare guidelines when billing
- Medicaid
 - State-by-state guidelines would apply
 - Example: Washington State requires an agreement between the state and the individual MTF



Veterans Affairs

- Veterans Affairs (Not VA/DoD Sharing)
 - When a veteran is seen at the MTF and is not eligible, their visit is billable
 - The claims will need to be sent to:
Department of Veterans Affairs
Financial Services Center
Non-VA Emergency Claims
P.O. Box 149364
Austin, TX 78714-9364



Veteran's Billing

- All VA claims must include chart notes, Report of Contact for Non-VA Hospital, and VA form 10-583.
- If a veteran has Other Health Insurance or Medicare, bill their insurance company or Medicare. Otherwise, the Veterans Affairs will deny the claim



Foreign Military Billing

- Inpatient & Outpatient Billing
 - There are over 80 countries that are currently covered by some sort of health care agreement with DoD
 - Programs Include:
 - NATO Status of Forces Agreements (SOFA)
 - Partnership for Peace (PFP)
 - Reciprocal Health Care Agreements (RHCAs)
 - NATO Military and Family Members
 - International Military for Education & Training (IMET)
- Patient Category (PATCAT) will be determined by their status



Foreign Military Billing

- Access to the Invitational Travel Order (ITO) is key
 - Tells where they are from and what they are authorized to receive
 - Determines financial responsibility for health care of family members
 - May not always be correct as to covered health care services
- Verify eligibility via DEERS
- Work with front desk personnel or Admissions so the MSA office will be able to collect all required documentation for billing



Civilian Emergency

- A patient who is seen at an MTF and who is not eligible for benefits will be responsible for their charges
- Work with your Emergency Department and other points of entry to gather all of the required documentation and demographics from such patients
- Once the visit (inpatient or outpatient) is coded by Patient Admin and entered into CCE, it feeds into CHCS. After the holding period, the Invoice and Receipt (I&R) is generated in CHCS MSA



Civilian Emergency

- If civilian has Other Health Insurance, bill the insurance company as a “courtesy” to the patient
- If patient is admitted as an inpatient, bill the insurance through CHCS MSA
- If patient’s visit is as an outpatient, manually bill the insurance company using TPOCS or other program
- Any charges not paid by the insurance company must be paid by the patient within 30 days



Elective Cosmetic Surgery

- Elective Cosmetic Surgery is not a TRICARE covered benefit, the beneficiary will be responsible for the full amount. This includes Active Duty patients
- The patient must sign Letter of Acknowledgment
- Cost of surgery is determined using the Cosmetic Surgery Estimator (CSE)
- Payment in full is required prior to surgery
- Tickler file is kept in MSA office



DoD Civilians & Contractors

- DoD civilians who are injured at work, have an open and approved Office of Workers' Compensation Program (OWCP) claim, can be seen at an MTF for their treatment
- DoD civilians are billed for their non-work-related visits. We can bill their insurance company (OCONUS and CONUS). They are responsible for their co-pay and deductible
- Contractors are billed for all of their visits. The exception is if there is a Memorandum of Understanding (MOU). Contact the Contracting Officer's Technical Representative (COTR) if needed



Reservists

- Members of National Guard and Reserve, including their family members, are eligible for different TRICARE benefits, depending on their status
- Verification is done in DEERS
- Benefits change—check the TRICARE Web site for changes!
- National Guard and Reservist are required to meet physical qualifications for retention. They have required annual screenings; these visits are not billable
- Billable visits include illness or injury not related to a line-of-duty injury (e.g., a Reservist who has flu and comes in during the middle of the week; their visit would be billable)



Summary

- We learned there are several components to MSA billing. It is not just family member inpatient billing, but a whole lot more
- By knowing and understanding how to identify each MSA billing component, it will make your role in the MSA office more efficient
- Most of this MSA billing is non-funded care provided at your facility



Quiz

- If a patient is admitted and discharged the same day, do you charge them?
- Can we bill Other Health Insurance for hospital visits?
- By what category do we know what to charge the foreign military?
- Do Active Duty Service members have to pay for their Elective Cosmetic Surgery?

Questions

